| ree tests for Yes No No | a spouse or dependent child because they meet all three tests for | earned" income, or liabilities of Committee on Ethics. | EXEMPTION – Heve you excluded from this report eny other essets, "unearned" income, or liabilitias of a spouse or dependent exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. |
|--|---|---|---|
| ou excluded Yes 🔲 No 🔀 | other "excepted trusts" need not be disclosed. Have yo | nmittee on Ethics and cartain o | TRUSTS - Details regarding "Quelified Blind Trusts" epproved by the Committee on Ethics and cartain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such e trust that benefits you, your spouse, or dependent child? |
| ESTIONS | N - ANSWER <u>BOTH</u> OF THESE QUESTIONS | UST INFORMATION | EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B |
| WPLETE | 111 | LY THE SCHEDULES | THIS FORM INCLUDES ON |
| | HEDULE IF YOU ANSWER "YES" | CORRESPONDING SCHEDULE IF YOU | m |
| 00 from a Yes No | J. Did you receive compensation of more then \$5,000 from a single source in the current yeer end two prior years? | Yes No | D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? |
| ement with an Yes No | F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calender year up through the date of filing? | Yes No | C. Did you or your spouse have "earned" income (e.g., salaries, honorarie, or pension/IRA distributions) of \$200 or more during the reporting period? |
| eporting yes No | E. Did you hold eny reportable positions during the reporting period or in the current calender year up through the date of filing? | Yes No | A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more then \$200 in unearned income from any reportable asset during the reporting period? |
| | QUESTIONS | H OF THESE QUES | PRELIMINARY INFORMATION - ANSWER EACH OF THESE |
| A \$200 penaity shail be assessed against any individual who files more than 30 days late. | Period Covered: January 1, 2018 to MARZH 31, 2018 | Staff Filer Type (If Applicable): Shared Principal Assistant | New Officer or Employee Employing Office: |
| (Office Use Only) | Check if Amendment | 18 II | New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Dete of Election: 11/6/ |
| 18 MAY -2 PM 1:22 | | Daytime Telephone: | Name: Pobet S Woodsmall |
| Page 1 of LEGISLATIVE RESOURCE CENTE: | FORM B For New Members, Candidates, and New Employees | | UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT |
| AFR 25 2018 | | | |

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name:

Page

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production of income and with a fair market value acceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income, which genareted more than \$200 in "unearned". 도당왕 all Interest-bearing accounts. If the total is ove \$5,000 list every financial institution where there is For benk and other cash accounts, total the amount For all IRAs and other retirement plans (such a 401(k) plans) provide the valua for each asset held (do not use only ticker symbols). he account that exceeds tha reporting thresholds. or an ownarship interest in a privately-held busin rentel property," and a city end atate. or rentel end other real property hald for investmen or e detailed discussion of Schedule A requirements lease refer to the instruction booklet. rovide e complete address nore than \$1,000 in interest-bearing accounts. come during the reporting period); end any financia terest in, or income derived from, e federa mes end vacation homes (unless thare wes rent eogrephic location in Block A. rovide complete names of stocks and mutual fund the optionel column on the far left. come source is that of your spouse (SP) or pendent child (DC), or jointly held with anyone (JT) you so choose, you may indicate thet en asset you heva a privately-traded fund thet is an Excepte vestment Fund, plaase check tha "EIF" box. clude: Your personal residence, including secon tirement program, including the Thrift Savings Plan is not publicly traded iness the nature of Assets end/or income Sources Examples. Simon & Schuster Mega Corp Stock ABC Hedge Fund **BLOCK A** its activitie description, петне and of θ. 띢 × Indicate velue of asset at closa of the reporting period, if you use a valuation method othar than feir merket valua, plaase specify the method used. If an asset wes sold during tha reporting period end is included only because it ganerated income, the value should be "None." None > child in which you have no interest *Column M is for essets held by your spouse or depender w \$1-\$1,000 \$1,001-\$15,000 C 0 \$15,001-\$50-000 × \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 П BLOCK B G × \$250,001-\$500,000 # \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 **S**_ \mathbf{x} \$25,000,001-\$50,000,000 <u>_</u> Over \$50,000,000 ĸ Spouse/DC Asset over \$1,000,000* furing the reporting period × DIVIDENDS RENT Type of Income INTEREST BLOCK **CAPITAL GAINS** EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For essets for which you chacked "Tax-Deferred" in Block C, you mey check the "Nona" column. For all other assets indicate the category of income by checking the appropriete box below. Dividends, interest, and capital galls, even if refuvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. *Column XII is for assets hald by your spouse or dependant child in which you have no interest None \$1-\$200 210 × = \$201-\$1,000 V \$1,001-\$2,500 Y Current Yeer \$2,501-\$5,000 5 × \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 × Amount of Income \$1,000,001-\$5,000,000 × Over \$5,000,000 BLOCK D ¥ Spouse/DC Income over \$1,000,000 None \$1-\$200 = = \$201-\$1,000 ₹ \$1,001-\$2,500 Preceding Year < \$2,501-\$5,000 ≤ **≦** \$5,001-\$15,000 \$15,001-\$50,000 × ≦ \$50,001-\$100,000 × \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 × × Over \$5,000,000 ¥ Spouse/DC Income over \$1,000,000*

Use additionel sheets if more space is required

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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SCHEDULE C - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honorana, director's fees, and payments for **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

| Prince (include date of constant for the constant | • | Am | Amount |
|---|-----------------------------|------------------------|-------------------|
| Source (iliciade date of receipt for nonoraria) | Type | Current Year to Filing | Preceding Year |
| ABC Trade Association, Baltimora, MD (July 15) State of Maryland | Honorarium | \$0,000 | \$500 \$78.000 |
| CXdITIDIES. Civil War Roundtable (Oct. 2) Ontario County Board of Education | Spouse Speech Spouse Salary | \$0 N/A | \$1,000 N/A |
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SCHEDULE D - LIABILITIES

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liabilities owed to you by e spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge eccount (i.e., credit card) only if the belence et the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. period. New Members: Members are required to report all liebilities secured by reel property including martgages on their personel residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are e Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own en interest (unless you are personally liable); end Report liabilities of over \$10,000 owed to any one creditor et eny time during the reporting period by you, your spouse, or your dependent child. Merk the highest amount owed during the reporting

| > | > | > | > B | > B | > 8 C | A B C D E | > B C D | Amount of Liability A B C D E F G | Amount of Liability A B C D E F G |
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CHEDULE E - POSITIONS

Report ell positions, compensated or uncompensated, es en officer, director, trustee of en organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, pertnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting enod and the current calender year. First-yeer candidates end new employees report positions held in the current calender year and two revious years.

| Position | Name of Organization |
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SCHEDULE F - AGREEMENTS

Name: Robert S | bod small Page 잌

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

| Date | Parties to Agreement | Terms of Agreement |
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SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the nemes of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat informetion listed on Schedule C.

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| Source (Name and City/State) | Brief Description of Duties |
| Example: Doe Jones & Smith, Hometown, Homestate | Accounting Services |
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